| Fill in this information to identify  | your case:   |  |          |   |  |   |
|---|--|--|----------|---|--|---|
| F. L. I.D. Januar   | :  |  |          |   |  |   |
| Debtor 1 Farhad Besharat  |  | Last Name  |          |   |  |   |
| Debtor 2 (Spouse, if filing) First Name   | Middle Name  | Last Name  |          |   |  |   |
| United States Bankruptcy Court for the:   |  |  |          |   |  |   |
| 1.10 by 11720 V   |  | Οπια   |          |   | <b>.</b> 000 <b>.</b> 0000                         |   |
| Case number (If known)  |  |  |          | Check if thi                                |  |   |
|   |  |  |          |   | ement showing post                                 | petition chapter 13                     |
|   |  |  |          |   | as of the following d                              |   |
| Official Form 106I  |  |  |          | MM / DD                                     | O / YYYY   |   |
| Schedule I: You   | r Income   |  |          |   |  | 12/15                                   |
| Be as complete and accurate as posupplying correct information. If you figure in the separate and your spouseparate sheet to this form. On the part 1: Describe Employm | ou are married and not filin<br>se is not filing with you, d<br>top of any additional page | ng jointly, and you<br>o not include info          | r spo    | use is living with yo<br>on about your spou | ou, include information<br>se. If more space is no | n about your spouse.<br>eeded, attach a |
| Fill in your employment information.  |  | Debtor 1   |          |   | Debtor 2 or non-fil                                | ing spouse                              |
| If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers.   | Employment status  | <ul><li>☑ Employed</li><li>☑ Not employe</li></ul> | d        |   | ☐ Employed ☐ Not employed                          |   |
| Include part-time, seasonal, or   |  |  |          |   |  |   |
| self-employed work.  Occupation may include student or homemaker, if it applies.  | Occupation   | Travel Agent                                       |          |   | ***************************************            |   |
| or nomemaker, in trappiles.   | Employer's name  | Self   |          |   |  |   |
| total a   | Employer's address   | 10424 Resed  | α Βοι    | ulevard                                     | 1  |   |
| r.  |  | Number Street                                      |          |   | Number Street                                      |   |
|   |  |  |          | <u> </u>                                    |  |   |
|   |  | FI - 1 - FT  |          | •   | 2 1 1  |   |
| P1  |  | Northridge   | State    |   | City   | State ZIP Code                          |
| Prince of the second  | How long employed there  | 1  |          |   |  |   |
| Part 2: Give Details About  | Monthly Income   |  |          |   |  | 10.1444                                 |
| Estimate monthly income as of spouse unless you are separated   |  | . If you have nothin                               | ng to re | eport for any line, wri                     | te \$0 in the space. Inclu                         | ıde your non-filing                     |
| If you or your non-filing spouse habelow. If you need more space, a   | ave more than one employer   |  | mation   | n for all employers fo                      | r that person on the line                          | es                                      |
|   |  |  |          | For Debtor 1                                | For Debtor 2 or non-filing spouse                  |   |
| <ol><li>List monthly gross wages, saldeductions). If not paid monthly,</li></ol>  |  |  | 2.       | \$0.0                                       | 0 \$   |   |
| 3. Estimate and list monthly over   | rtime pay.   |  | 3.       | +\$0.00                                     | 0 + \$   |   |
| 4. Calculate gross income. Add li   | ne 2 + line 3.   |  | 4.       | \$0.00                                      | \$   |   |

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Debtor 1

| Farhad     | Besharati   |           |  |
|------------|-------------|-----------|--|
| First Name | Middle Name | Lact Name |  |

Case number (if known) 1:18-bk-11720-VK

|  |  |             | For [ |                   | or Debtor 2 or<br>on-filing spouse |   |                         |
|--|--|-------------|-------|-------------------|------------------------------------|---|-------------------------|
| Cop  | by line 4 here   | <b>→</b> 4. | \$    | 0.00              | \$                                 |   |                         |
| 5 List   | all payroll deductions:  |             |       |                   |                                    |   |                         |
|  | . Tax, Medicare, and Social Security deductions  | 5a.         | ¢     | 0.00              | \$                                 |   |                         |
|  | . Mandatory contributions for retirement plans   | 5b.         | \$    | 0.00              | \$                                 |   |                         |
|  | . Voluntary contributions for retirement plans   | 5c.         | \$    | 0.00              | \$                                 |   |                         |
|  | Required repayments of retirement fund loans   | 5d.         | \$    | 0.00              | \$                                 |   |                         |
|  | . Insurance  | 5e.         | \$    | 0.00              | \$                                 |   |                         |
|  | Domestic support obligations   | 5f.         | \$    | 0.00              | \$                                 |   |                         |
|  |  | 5g.         | \$    | 0.00              | \$                                 |   |                         |
|  | . Union dues . Other deductions. Specify:  | 5h.         | +\$   | 0.00 +            | •                                  |   |                         |
|  |  |             | . φ   |                   | Ψ                                  |   |                         |
| 6. <b>A</b> c  | ld the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.   | 6.          | \$    | 0.00              | \$                                 |   |                         |
| 7. Ca  | Iculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$    | 0.00              | \$                                 |   |                         |
| 8. Lis   | t all other income regularly received:   |             |       |                   |                                    |   |                         |
| . 8a   | . Net income from rental property and from operating a business, profession, or farm   |             |       |                   |                                    |   |                         |
|  | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |             |       | 0.00              |                                    |   |                         |
|  | monthly net income.  | 8a.         | \$    | <u> </u>          | \$                                 |   |                         |
|  | . Interest and dividends   | 8b.         | \$    | 0.00              | \$                                 |   |                         |
| 80   | . Family support payments that you, a non-filing spouse, or a depende regularly receive  | ent         |       |                   |                                    |   |                         |
|  | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | \$    | 0.00              | \$                                 |   |                         |
| 8d   | . Unemployment compensation  | 8d.         | \$    | 0.00              | \$                                 |   |                         |
| 86   | s. Social Security   | 8e.         | \$    | 0.00              | \$                                 |   |                         |
| 8f   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | nce<br>8f.  | \$    | 0.00              | \$                                 |   |                         |
|  | · · · · · · · · · · · · · · · · · · ·  |             |       |                   |                                    |   |                         |
|  | Pension or retirement income   | 8g.         | \$    | 0.00              |                                    |   |                         |
| 81   | . Other monthly income. Specify: Travel Sales  | 8h.         | +\$   | 8,000.00          | +\$                                | , |                         |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. |  | 9.          | \$    | 0.00              | \$                                 |   | p                       |
|  | culate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.         | \$    | 8,000.00          | \$                                 | = | \$                      |
| 11. Sta  | ate all other regular contributions to the expenses that you list in Sche  | dule .      | J.    |                   |                                    |   |                         |
| frie   | lude contributions from an unmarried partner, members of your household, nds or relatives.   |             |       |                   |                                    |   |                         |
| Do   | not include any amounts already included in lines 2-10 or amounts that are   |             |       | to pay expenses l |                                    |   | •                       |
|  | ecify:   |             |       |                   | 11.                                | Т | \$                      |
|  | d the amount in the last column of line 10 to the amount in line 11. The ite that amount on the Summary of Your Assets and Liabilities and Certain S   |             |       |                   |                                    |   | \$8,000.0               |
|  |  |             |       |                   |                                    |   | Combined monthly income |
| an account to the second   | you expect an increase or decrease within the year after you file this   | form        | ?     |                   |                                    |   |                         |
| 1 (2)  | Yes. Explain:  |             |       |                   |                                    |   |                         |

| Fill in this i                        | nformation to identify   | your case:  |                         |                   |             |                              |
|---------------------------------------|--|---|-------------------------|-------------------|-------------|------------------------------|
| Debtor 1                              | Farhad   | Besharati   | OI.                     |                   |             |                              |
|                                       | First Name   | Middle Name Last Name   |                         | eck if this is:   |             |                              |
| Debtor 2<br>(Spouse, if filing        | j) First Name  | Middle Name Last Name   |                         | An amended fil    |             | actition chapter 12          |
| United States                         | Bankruptcy Court for the: (                                    | Central District of California  |                         | expenses as of    |             | petition chapter 13<br>date: |
| Case number                           | 1:18-bk-11720-V  | Κ   |                         | MM / DD / YYYY    |             |                              |
| (ii known)                            |  |   |                         |                   |             |                              |
| -                                     | Form 106J  |   |                         |                   |             |                              |
| Sched                                 | dule J: You  | ur Expenses   |                         |                   |             | 12/15                        |
| information.                          |  | essible. If two married people are filied, attach another sheet to this form  |                         |                   |             |                              |
| Part 1:                               | Describe Your Hou  | sehold  |                         |                   |             |                              |
| 1. Is this a jo                       | int case?  |   |                         |                   |             |                              |
|                                       | o to line 2.<br>oes Debtor 2 live in a s                       | eparate household?  |                         |                   |             |                              |
|                                       | No<br>Yes. Debtor 2 must file                                  | e Official Form 106J-2, <i>Expenses for</i> S                                 | eparate Household of D  | ebtor 2.          |             |                              |
| 2. Do you ha                          | ve dependents?   | □ No  | Dependent's relationshi | p to              | Dependent's | Does dependent live          |
| Do not list I<br>Debtor 2.            | Debtor 1 and   | Yes. Fill out this information for each dependent                             | Debtor 1 or Debtor 2    | 7.                | age         | with you?                    |
| Do not stat names.                    | te the dependents'   |   | Son                     |                   | 16          | ☐ No<br>☑ Yes                |
|                                       |  |   |                         |                   |             | ☐ No<br>☐ Yes                |
|                                       |  |   |                         |                   |             | ☐ Yes                        |
|                                       |  |   |                         |                   |             | Yes                          |
|                                       |  |   |                         |                   |             | □ No                         |
|                                       |  |   |                         | -                 |             | ☐ Yes                        |
| 1                                     |  |   |                         |                   |             | ☐ No<br>☐ Yes                |
| expenses                              | xpenses include<br>of people other than<br>nd your dependents? | ☑ No<br>☐ Yes   |                         |                   |             |                              |
|                                       |  |   |                         |                   |             |                              |
|                                       |  | ng Monthly Expenses   |                         |                   | 01 / 40     |                              |
| 222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | of a date after the ban  | bankruptcy filing date unless you a<br>kruptcy is filed. If this is a supplem |                         |                   |             |                              |
|                                       |  | n-cash government assistance if you   | ı know the value of     |                   |             |                              |
| such assista                          | ince and have included   | d it on Schedule I: Your Income (Offi   | cial Form 106l.)        |                   | Your expe   | nses                         |
|                                       | al or home ownership of<br>for the ground or lot.              | expenses for your residence. Include  | first mortgage payment  | s and<br>4.       | \$          | 3,687.00                     |
|                                       | J J  |   |                         |                   |             |                              |
|                                       | luded in line 4:   |   |                         | 8                 |             |                              |
| 4a. Rea                               | luded in line 4: I estate taxes                                |   |                         | 4a.               | \$          |                              |
| 4a. Rea<br>4b. Prop                   | luded in line 4:   |   |                         | 4a.<br>4b.<br>4c. | \$<br>\$    | 100.00                       |

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Debtor 1 Farhad Besharati Case number (if known) 1:18-bk-11720-VK

|             |   |      | Your exp | penses |
|-------------|---|------|----------|--------|
| 5. <b>A</b> | dditional mortgage payments for your residence, such as home equity loans   | 5.   | \$       | 0.00   |
| 6. l        | Itilities:  |      |          |        |
| (CT36) 55   | a. Electricity, heat, natural gas   | 6a.  | \$       | 450.00 |
|             | b. Water, sewer, garbage collection   | 6b.  | \$       |        |
|             | cc. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$       |        |
|             | id. Other. Specify:   | 6d.  | \$       |        |
| 7. F        | ood and housekeeping supplies   | 7.   | \$       | 650.00 |
| 8. (        | Childcare and children's education costs  | 8.   | \$       | 100.00 |
| 9. (        | Clothing, laundry, and dry cleaning   | 9.   | \$       | 90.00  |
|             | Personal care products and services   | 10.  | \$       | 100.00 |
|             | Medical and dental expenses   | 11.  | \$       | 150.00 |
|             | ransportation. Include gas, maintenance, bus or train fare.   | 12.  | \$       | 300.00 |
|             | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$       | 100.00 |
|             | Charitable contributions and religious donations  | 14.  | \$       | 450.00 |
|             | nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |          |        |
|             | 5a. Life insurance  | 15a. | \$       |        |
|             | 5b. Health insurance  | 15b. | \$       |        |
|             | 5c. Vehicle insurance   | 15c. | \$       | 900.00 |
|             | 5d. Other insurance. Specify:   | 15d. | \$       |        |
|             | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16.  | \$       |        |
| 7. I        | nstallment or lease payments:   |      |          |        |
|             | 17a. Car payments for Vehicle 1   | 17a. | \$       | 450.00 |
|             | 17b. Car payments for Vehicle 2   | 17b. | \$       |        |
| 1           | 17c. Other. Specify:  | 17c. | \$       |        |
|             | 7d. Other. Specify:   | 17d. | \$       |        |
| 8. 3        | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$       |        |
| 9. (        | Other payments you make to support others who do not live with you.   |      |          |        |
| S           | pecify:   | 19.  | \$       |        |
| 0. (        | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | ne.  |          |        |
| :           | 20a. Mortgages on other property  | 20a. | \$       |        |
| :           | 20b. Real estate taxes  | 20b. | \$       |        |
|             | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$       |        |
|             | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$       |        |
|             | 20e. Homeowner's association or condominium dues  | 20e. | \$       |        |

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| Specify:ate your monthly expenses |  | 21.  | +\$   |  |
|-----------------------------------|--|--|---|--|
| ate your monthly expenses         |  |  | τφ  |  |
|                                   |  |  |   |  |
| dd lines 4 through 21.            |  | 22a.   | \$  | 6,621.00   |
| ppy line 22 (monthly expense      | es for Debtor 2), if any, from Official Form 106J-2  | 22b.   | \$  |  |
| ld line 22a and 22b. The res      | ult is your monthly expenses.  | 22c.   | \$  | 6,621.00   |
|                                   |  |  |   |  |
| te your monthly net incom         | 9.   |  |   | 8,000.00   |
| opy line 12 (your combined i      | nonthly income) from Schedule I.   | 23a.   | \$  | 0,000.00   |
| opy your monthly expenses         | from line 22c above.   | 23b.   | -\$   | 6,621.00   |
| ubtract your monthly expens       | es from your monthly income.   |  | •   | 1,379.00   |
| he result is your monthly net     | income.  | 23c.   | Ψ   |  |
| mple, do you expect to finish     | paying for your car loan within the year or do you   | expect your  |   |  |
| Evolain here:                     |  |  |   |  |
| Explain fiere.                    |  |  |   |  |
|                                   |  |  |   |  |
|                                   |  |  |   |  |
| ti o o u                          | py line 22 (monthly expensed line 22a and 22b. The result of line 22b. The res | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses.  e your monthly net income.  py line 12 (your combined monthly income) from Schedule I.  py your monthly expenses from line 22c above.  abtract your monthly expenses from your monthly income.  the result is your monthly net income.  expect an increase or decrease in your expenses within the year after you payment to increase or decrease because of a modification to the terms of your expenses or decrease because of a modification to the terms of your expenses. | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22b.  d line 22a and 22b. The result is your monthly expenses.  22c.  e your monthly net income.  py line 12 (your combined monthly income) from Schedule I.  23a.  py your monthly expenses from line 22c above.  23b.  abtract your monthly expenses from your monthly income.  the result is your monthly net income.  23c.  expect an increase or decrease in your expenses within the year after you file this form?  Inple, do you expect to finish paying for your car loan within the year or do you expect your expanses or decrease because of a modification to the terms of your mortgage? | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  d line 22a and 22b. The result is your monthly expenses.  22c.  e your monthly net income.  ppy line 12 (your combined monthly income) from Schedule I.  23a.  ppy your monthly expenses from line 22c above.  23b.  abtract your monthly expenses from your monthly income.  are result is your monthly net income.  23c.  sexpect an increase or decrease in your expenses within the year after you file this form?  Inple, do you expect to finish paying for your car loan within the year or do you expect your expenses or decrease because of a modification to the terms of your mortgage? |